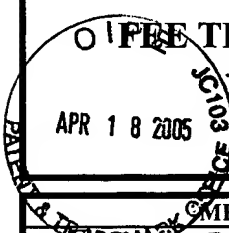
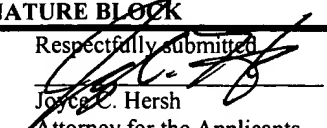
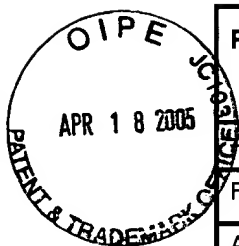


<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>PATENT TRANSMITTAL FY 2005</p> </div> <div style="border: 1px solid black; padding: 2px;"> <i>Complete if Known</i> </div> </div>			
Application Serial Number		09/580,591	
Filing Date		05/26/2000	
First Named Inventor		Robert A. Levy	
Group Art Unit		2155	
Examiner Name		Won, Young	
Attorney Docket No.		L0015/7000	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																						
<p>1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>2. <input type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.</p> <p>3. <input checked="" type="checkbox"/> Applicant claims small entity status.</p>	<p>3. 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<p style="text-align: center;">CORRESPONDENCE ADDRESS</p> <p>Direct all correspondence to:</p> <p style="margin-left: 40px;"> Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175 </p>	<p style="text-align: center;">SIGNATURE BLOCK</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Date: April 5, 2005 Reg. No.: 42,890 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175</p> </div> <div style="width: 50%; text-align: center;"> <p>Respectfully submitted,</p>  <p>Joyce C. Hersh Attorney for the Applicants Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808</p> </div> </div>																																																																																																																						



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) L0015/7000																								
Application Number 09/580,591		Filed 05/26/2000																								
For SYSTEM AND METHOD FOR ANALYZING WORK ACTIVITY AND VALUING HUMAN CAPITAL																										
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$60.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p>04/19/2005 MWOLDGE1 00000001 09580591</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.201 FC:2251 60.00 OP</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1721. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 42890 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> <p>_____ Signature Joyce C. Hersh _____ Typed or printed name</p> <p>_____ Date April 14, 2005 _____ 617-261-3100 _____ Telephone Number</p> <p><input checked="" type="checkbox"/> Total of 2 forms are submitted.</p>				Fee	Small Entity Fee		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$60.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
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This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.